



# CITY OF ALBUQUERQUE FILM PERMIT APPLICATION

THE CITY OF ALBUQUERQUE FILM PERMIT HAS BEEN DESIGNED TO OFFER INFORMATION ABOUT ACTIVITIES THAT AFFECT THE RIGHT OF WAY OR THE CITY'S ABILITY TO PROVIDE EMERGENCY SERVICES TO THE PUBLIC. FILMING REQUIRES THE APPROVAL AND/OR ADDITIONAL PERMITS OF CITY DEPARTMENTS BEFORE IT CAN TAKE PLACE. IT IS UP TO THE APPLICANT TO CONFORM TO THE CURRENT LAWS AND REQUIREMENTS AND ASSURE THAT THE FILMING HAS ALL THE NECESSARY PERMITS AND REMAINS IN COMPLIANCE THROUGHOUT THE ENTIRE EVENT. FAILURE TO COMPLY WITH THE REQUIREMENTS SUGGESTED BY THE CITY DEPARTMENTS CAN RESULT IN A SHUT DOWN OF THE FILMING WITH POSSIBLE LEGAL RAMIFICATIONS. A LOCATION AGREEMENT, CERTIFICATE OF INSURANCE AND SHOOTING SCHEDULE MUST BE INCLUDED WITH THE *FILM PERMIT* WHEN REQUIRED BY THE FILM OFFICE.

## PERMIT STEPS:

1. OBTAIN LIABILITY INSURANCE IN THE AMOUNT OF 1 MILLION DOLLARS NAMING THE CITY OF ALBUQUERQUE AS ADDITIONALLY INSURED
2. FILL OUT THE APPLICATION ON PAGE 1.
3. SIGN THE DECLARATION SECTION ON PAGE 8.
4. ATTACH A LIST OF SIGNATURES, ADDRESSES AND PHONE NUMBERS OF SURROUNDING BUSINESSES AND/OR RESIDENTS.
5. ATTACH A DESCRIPTION AND A SKETCH OR TRAFFIC CONTROL PLAN OF THE FILM SITE AND/OR ROUTE.
6. CALL THE FILM OFFICE AT 768-3289 TO SCHEDULE A MEETING TO HAVE YOUR APPLICATION REVIEWED AND SIGNED
7. YOU MAY ALSO NEED TO OBTAIN THE FOLLOWING PERMITS:
  - a. BARRICADE PERMIT
  - b. NOISE PERMIT
  - c. TENT PERMIT
8. ONCE ALL OF THE NECESSARY PERMIT SIGNATURES ARE ACQUIRED, THIS APPLICATION BECOMES THE FILM PERMIT.

**NOTE:** A COPY OF THIS APPLICATION IS RETAINED BY THE FILM OFFICE TO RESPOND TO ALL PUBLIC INQUIRIES. THE APPLICANT SHALL RETAIN THE ORIGINAL SIGNED PERMIT AT ALL TIMES ON-SITE DURING FILMING.



DATE OF APPLICATION: \_\_\_\_\_

PERMIT # \_\_\_\_\_

**CITY OF ALBUQUERQUE  
FILM PERMIT APPLICATION**

505.768.3289 (O)

505-768-3280 (F)

WWW.CABQ.GOV/FILM

☐ NEW APPLICATION☐ REVISED REQUEST

PROJECT TITLE: \_\_\_\_\_

PRODUCTION COMPANY: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

OFFICE NUMBER: \_\_\_\_\_

OFFICE FAX NUMBER: \_\_\_\_\_

LOCATION MANAGER: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

ASSISTANT LOCATION MANAGER: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

FILM LOCATION ADDRESS: \_\_\_\_\_

☐ INTERIOR ☐ EXTERIOR

FROM: (DAY, DATE &amp; TIME) TO: (DAY, DATE &amp; TIME)

**(FILMING DATES/TIMES MUST REFLECT THE MOMENT PRODUCTION WILL ARRIVE AT THE FILMING LOCATION (I.E. SETUP) AND THE TIME THE LAST PRODUCTION VEHICLE LEAVES.)**

LOCATION OF BASE CAMP (CANNOT BE ON STREETS)

PROVIDE A BRIEF DESCRIPTION OF THE SCENE BELOW

CATERER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CRAFT SERVICES: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**\*\*YOU MUST ENSURE THAT BOTH ENTITIES CONTACT CABQ ENVIRONMENTAL HEALTH FOR PERMITS\*\* 768-2638**

INTERMITTENT TRAFFIC CONTROL?

☐ YES☐ NO (ITC IS BETWEEN 3-5 MINUTES ONLY)

ON \_\_\_\_\_

FROM \_\_\_\_\_

TO \_\_\_\_\_

EB / WB / NB / SB

STREET NAME \_\_\_\_\_

STREET NAME \_\_\_\_\_

STREET NAME \_\_\_\_\_

ON \_\_\_\_\_

FROM \_\_\_\_\_

TO \_\_\_\_\_

EB / WB / NB / SB

STREET NAME \_\_\_\_\_

STREET NAME \_\_\_\_\_

STREET NAME \_\_\_\_\_

STREET CLOSURE:

☐ YES☐ NO

ON \_\_\_\_\_

FROM \_\_\_\_\_

TO \_\_\_\_\_

EB / WB / NB / SB

STREET NAME \_\_\_\_\_

STREET NAME \_\_\_\_\_

STREET NAME \_\_\_\_\_

ON \_\_\_\_\_

FROM \_\_\_\_\_

TO \_\_\_\_\_

EB / WB / NB / SB

STREET NAME \_\_\_\_\_

STREET NAME \_\_\_\_\_

STREET NAME \_\_\_\_\_

SPFX?

☐ YES☐ NO

IF YES, PLEASE DESCRIBE:

BAGGING METERS? PROVIDE METER NUMBERS AND/OR LOCATIONS:

NUMBER OF CAST &amp; CREW AT LOCATION: \_\_\_\_\_

NUMBER OF CHIEF'S OVERTIME: \_\_\_\_\_

## DEPARTMENT SIGNATURES

PERMIT # \_\_\_\_\_

ALL REQUIRED SIGNATURES MUST BE ATTAINED TO BECOME A PERMIT

## DEPARTMENT OF MUNICIPAL DEVELOPMENT

505-924-3407

PLAZA DEL SOL 600 2ND ST. NW 4TH FLOOR, SUITE 400 ALBUQUERQUE, NM 87102			
		CONSTRUCTION COORDINATOR	DATE
		<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
BARRICADE PERMIT:	N/A	REQUIRED	PERMIT FEE \$ <input type="text"/>
COMMENTS:			

## TRANSIT

505-768-6089

ABQ RIDE ALVARADO TRANSPORTATION CENTER 100 1ST SW, 2ND FLOOR ALBUQUERQUE, NM 87102			
		ABQ RIDE OPERATIONS SUPERVISOR	DATE
		<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
COMMENTS:			

## FILM OFFICE

505-768-3289

ONE CIVIC PLAZA 3RD FLOOR, ROOM 3047 ALBUQUERQUE, NM 87102			
		FILM LIAISON	DATE
		<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
COMMENTS:			

## PARKING DIVISION

505-924-3950

PLAZA DEL SOL 600 2ND ST, NW 5TH FLOOR SUITE 510			
		PARKING DIVISION MANAGER	DATE
		<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
COMMENTS:			

## DEPARTMENT SIGNATURES

PERMIT # \_\_\_\_\_

ALL REQUIRED SIGNATURES MUST BE ATTAINED TO BECOME A PERMIT

**NEIGHBORHOOD ASSOCIATION/OTHER**

CONTACT THE OFFICE OF NEIGHBORHOOD COORDINATION FOR NEIGHBORHOOD ASSOCIATION INFORMATION	_____ REPRESENTATIVE	_____ DATE

COMMENTS:

**OFFICE OF NEIGHBORHOOD COORDINATION****505-924-3912**

PLAZA DEL SOL 600 2ND ST. NW BASEMENT, SUITE 120 ALBUQUERQUE, NM 87102	_____ ONC REPRESENTATIVE	_____ DATE
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		

COMMENTS:

**FIRE MARSHAL****505-764-6300**

724 SILVER SW ALBUQUERQUE, NM 87102	_____ FIRE MARSHAL'S OFFICE	_____ DATE
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		
EMERGENCY ACCESS LANE	<input type="checkbox"/> N/A	<input type="checkbox"/> REQUIRED
FIRE HYDRANT ACCESS	<input type="checkbox"/> N/A	<input type="checkbox"/> REQUIRED
SPECIAL COOKING ARRANGEMENTS	<input type="checkbox"/> N/A	<input type="checkbox"/> REQUIRED
FIRE EXTINGUISHER'S NEEDED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
STANDBY EMERGENCY TEAM NEEDED	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> RESCUE <input type="checkbox"/> PUMPER
SPECIAL CONSIDERATIONS	<input type="checkbox"/> ELDERLY	<input type="checkbox"/> HANDICAP

COMMENTS:

## DEPARTMENT SIGNATURES

PERMIT # \_\_\_\_\_

ALL REQUIRED SIGNATURES MUST BE ATTAINED TO BECOME A PERMIT

## ALBUQUERQUE POLICE DEPARTMENT

SOUTHEAST AREA 800 LOUISIANA SE 505-256-2050	NORTHEAST AREA 8201 OSUNA NE 505-823-4455	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> AREA COMMANDER, APD	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> DATE
VALLEY AREA 5408 2ND ST. NW 505-761-8800	FOOTHILLS 12800 LOMAS NE 505-332-5240	WESTSIDE 5404 LOS VOLCANES 505-831-4705	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
COMMENTS:			

## ALBUQUERQUE POLICE DEPARTMENT/ TRAFFIC

505-857-8421

TRAFFIC COMMANDER 7520 CORONA AVE., NE ALBUQUERQUE, NM 87112	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> TRAFFIC COMMANDER, APD	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> DATE
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		
COMMENTS:		

## CHIEF'S OVERTIME

505-768-2380

400 ROMA NW ALBUQUERQUE, NM 87102	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> CHIEF'S OVERTIME COORDINATOR	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> DATE
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		
COMMENTS:		

## ALBUQUERQUE POLICE DEPARTMENT, CHIEF'S OFFICE

505-768-2200

400 ROMA NW ALBUQUERQUE, NM 87102	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> CHIEF OF POLICE/APD	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> DATE
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		
COMMENTS:		

DEPARTMENT SIGNATURES  
ALL REQUIRED SIGNATURES MUST BE ATTAINED TO BECOME A PERMIT

PERMIT # \_\_\_\_\_

**ENVIRONMENTAL HEALTH DEPARTMENT**

**505-768-2638**

ONE CIVIC PLAZA, ROOM 3023  
ALBUQUEQUE, NM 87102

\_\_\_\_\_  
EHD REPRESENTATIVE/ FOOD

\_\_\_\_\_  
DATE

☐ APPROVED      ☐ DENIED

TEMPORARY FOOD ESTABLISHMENT      ☐ N/A      ☐ REQUIRED

NOISE PERMIT      ☐ N/A      ☐ REQUIRED

LIQUID WASTE      ☐ N/A      ☐ REQUIRED

GREASE CONTAINERS      ☐ N/A      ☐ REQUIRED

CHEMICAL TOILETS      ☐ N/A      ☐ REQUIRED

COMPANY NAME: \_\_\_\_\_ CONTACT #: \_\_\_\_\_

NUMBER OF FOOD / DRINK VENDORS / DISPENSERS AT THIS EVENT: \_\_\_\_\_

COMMENTS:


**SOLID WASTE**

**505-761-8349**

4600 EDITH NE  
ALBUQUERQUE, NM 87107

\_\_\_\_\_  
SOLID WASTE REPRESENTATIVE

\_\_\_\_\_  
DATE

☐ APPROVED      ☐ DENIED

COMMENTS:


SIGNATURE OF APPLICANT

FILM PERMIT SIGNATURE REQUIREMENT

WE, THE UNDERSIGNED, HAVE BEEN ADVISED OF FILMING IN OUR AREA.

SIGNATURE

ADDRESS

PHONE NUMBER